Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions ~~RECEIVED~~   A Public Document

California Form 802

For Official Use Only

1. Agency Name
City of San Jose

San Jose City Clerk Date Stamp

2017 JUL 1 AM 11: 04

Division, Department, or Region *(if applicable)*
Council District 9

Designated Agency Contact *(Name, Title)*
Donald Rocha, Councilmember

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail
408-535-4909	district9@sanjoseca.gov

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 175.00

Event Description: Queen + Adam Lambert Concert   Date(s) 06 / 29 / 17   ___/___/___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒   If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest Yes ☐ No ☒   If yes: Rocha, Donald
of agency official?
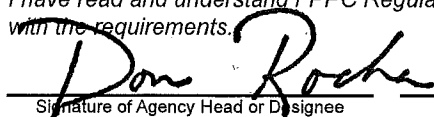*Official's Name (Last, First)*

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rocha, Donald	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Steindorf STEAM School 3001 Ross Ave, San Jose, CA 95124	14	In recognition of faculty and school volunteers who successfully opened Cambrian District's STEAM school.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Donald Rocha Print Name	Councilmember Title	7/10/17 *(month, day, year)*

Comment: _____